

HERITAGE MANOR

307 ROYAL AVE PO BOX 167

ELROY 53929 Phone:(608) 462-8491

Owned from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 76

Total Licensed Bed Capacity (12/31/04): 76

Number of Residents on 12/31/04: 72

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 74

Corporation

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	%
Home Health Care	No	Developmental Disabilities	0.0	Under 65	2.8	1 - 4 Years	40.3
Supp. Home Care-Personal Care	No	Mental Illness (Org./Psy)	51.4	65 - 74	9.7	More Than 4 Years	19.4
Supp. Home Care-Household Services	No	Mental Illness (Other)	1.4	75 - 84	30.6		100.0
Day Services	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.2	*****	
Respite Care	Yes	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.7	Full-Time Equivalent	
Adult Day Care	Yes	Cancer	0.0			Nursing Staff per 100 Residents	
Adult Day Health Care	No	Fractures	0.0		100.0	(12/31/04)	
Congregate Meals	No	Cardiovascular	12.5	65 & Over	97.2	-----	
Home Delivered Meals	No	Cerebrovascular	0.0			RNs	11.5
Other Meals	No	Diabetes	6.9	Gender	%	LPNs	5.1
Transportation	No	Respiratory	1.4			Nursing Assistants,	
Referral Service	No	Other Medical Conditions	26.4	Male	22.2	Aides, & Orderlies	
Other Services	No		-----	Female	77.8		
Provide Day Programming for			100.0				
Mentally Ill	No						
Provide Day Programming for							
Developmentally Disabled	No				100.0		

## Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	2	100.0	286	43	97.7	117	0	0.0	0	25	96.2	145	0	0.0	0	0	0.0	0	70	97.2	
Intermediate	---	---	---	1	2.3	98	0	0.0	0	1	3.8	145	0	0.0	0	0	0.0	0	2	2.8	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	2	100.0		44	100.0		0	0.0		26	100.0		0	0.0		0	0.0		72	100.0	

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	12.8	Bathing	1.4	58.3	40.3	72
Private Home/With Home Health	2.3	Dressing	1.4	58.3	40.3	72
Other Nursing Homes	4.7	Transferring	18.1	62.5	19.4	72
Acute Care Hospitals	76.7	Toilet Use	15.3	44.4	40.3	72
Psych. Hosp.-MR/DD Facilities	1.2	Eating	56.9	27.8	15.3	72
Rehabilitation Hospitals	0.0	*****				
Other Locations	2.3	Continence		%	Special Treatments	%
Total Number of Admissions	86	Indwelling Or External Catheter	2.8		Receiving Respiratory Care	9.7
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	66.7		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	29.1	Occ/Freq. Incontinent of Bowel	37.5		Receiving Suctioning	0.0
Private Home/With Home Health	18.6				Receiving Ostomy Care	0.0
Other Nursing Homes	7.0	Mobility			Receiving Tube Feeding	1.4
Acute Care Hospitals	3.5	Physically Restrained	4.2		Receiving Mechanically Altered Diets	20.8
Psych. Hosp.-MR/DD Facilities	0.0				Other Resident Characteristics	
Rehabilitation Hospitals	0.0	Skin Care			Have Advance Directives	100.0
Other Locations	3.5	With Pressure Sores	2.8		Medications	
Deaths	38.4	With Rashes	0.0		Receiving Psychoactive Drugs	23.6
Total Number of Discharges (Including Deaths)	86					

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.4	81.9	1.19	85.5	1.14	85.9	1.13	88.8	1.10
Current Residents from In-County	47.2	72.8	0.65	71.5	0.66	75.1	0.63	77.4	0.61
Admissions from In-County, Still Residing	12.8	18.7	0.69	20.7	0.62	20.5	0.63	19.4	0.66
Admissions/Average Daily Census	116.2	151.4	0.77	125.2	0.93	132.0	0.88	146.5	0.79
Discharges/Average Daily Census	116.2	151.2	0.77	123.1	0.94	131.4	0.88	148.0	0.79
Discharges To Private Residence/Average Daily Census	55.4	74.0	0.75	55.7	0.99	61.0	0.91	66.9	0.83
Residents Receiving Skilled Care	97.2	95.3	1.02	95.8	1.02	95.8	1.01	89.9	1.08
Residents Aged 65 and Older	97.2	94.3	1.03	93.1	1.04	93.2	1.04	87.9	1.11
Title 19 (Medicaid) Funded Residents	61.1	71.9	0.85	69.1	0.88	70.0	0.87	66.1	0.92
Private Pay Funded Residents	36.1	16.7	2.16	20.2	1.79	18.5	1.96	20.6	1.76
Developmentally Disabled Residents	0.0	0.6	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	52.8	29.5	1.79	38.6	1.37	36.6	1.44	33.6	1.57
General Medical Service Residents	26.4	23.5	1.12	18.9	1.39	19.7	1.34	21.1	1.25
Impaired ADL (Mean)	56.4	46.4	1.22	46.2	1.22	47.6	1.19	49.4	1.14
Psychological Problems	23.6	54.5	0.43	59.0	0.40	57.1	0.41	57.7	0.41
Nursing Care Required (Mean)	4.3	7.4	0.59	7.0	0.62	7.3	0.59	7.4	0.58